

SF 1 PRINTING AND BINDING REQUISITION
To the PUBLIC PRINTER Please furnish the following:

FROM (Department of Government Establishment)				JACKET NO (Assigned at GPO) <input type="checkbox"/> Red <input type="checkbox"/> Black				REQUISITION NO.																						
APPROPRIATION CHARGEABLE/APPLICABLE LAW				(Bureau or Office)				DATE																						
TITLE				BILLING ADDRESS CODE (BAC)				AUTHORIZED BY																						
QUANTITY (Units of finished products)				FINISH PRODUCT (Check One) <input type="checkbox"/> Books or Pamphlets <input type="checkbox"/> Blank Forms (Sheets) <input type="checkbox"/> Sets <input type="checkbox"/> Pads or Tablets <input type="checkbox"/> Other (Specify)				CLASSIFICATION																						
THIS ORDER RIDES (Department)				(Requisition No.)				(Jacket No.)																						
STRAP WITH REQUISITION NO.																														
PAPER STOCK AND INK	Text		FIRST CHOICE (Grade, color, and basis weight)				SECOND CHOICE (If any)				COLOR(S) OF INK																			
	Cover																													
	OTHER (Specify)																													
COMPOSITION	FURNISHED (Magnetic tape)				(Negatives)				(Camera Copy)				(Manuscript)				(Shoot printed copy)				PREVIOUS JACKET/REQ. (If reprint)									
	TEXT TYPE (Point, Face, Ledged/Solid)				DISPLAY TYPE (Face)				MARGINS (After trim) Pica/inches				Back/Left				Top				Other				FOL. LIT.		FORMS MUST REGISTER		Typewriter Spacing	
	Type Page Width (Picas)		No. of Col.		Col. Width		Type Page Depth (Include running head but not bottom folio.)		ILLUSTRATIONS (Total)		PICK UP FROM: Jacket No.		Req. No.		Restore to Original Jacket		HOLD REPRODUCIBLES (Specify) (Negs., type, mag. tape)													
PRESS AND BINDERY	PRINT ONE SIDE ONLY		HEAD TO HEAD		HEAD TO FOOT		OTHER		COVER PRINTS 1 2 3 4		EMBOSS		RULING (Print or Bindery)		PERFORATE		SCORE		Position		NUMBER (Inclusive)		Color of Ink							
	SIZE FLAT (Inches) FORMS, SETS, PADS				FOLD TO (Inches)				SIZE TRIMMED PAGE (Inches) BOOKS/PAMPHLETS				PAGES				FOLDINS/INSERTS				PAPER COVERS (Self)		Searate							
	Wire Stitch (Side)		(Saddle)		(No.)		Paste on Fold		Loose Leaf		Adhesive Bound		Sew		Case Bound		(Material and Color)				STAMP TITLE (Bindery) Cover		Spine		Gold		Im. Gold		Ink (Color)	
	Pad/Sets (Side)		(Stitch)		(Pos.)		(Sheets in Pad)		(Sets in Pad)		(Sheets in Set)		PUNCH/ DRILL		(Shape)		(No. of holes)		(Diam.)		(Inches Center to Center)		(Pos.)		ROUND CORNERS (No.)		(Position)			
	GATHER (Explain)												Carbon Interleave		INDEX (Cut)		(Tab)		(Bleed)		LIP DIVIDERS (Height of Lip)		(Width of cut 1/8 etc.)		(Pos.)					
PROOFS AND DELIVERY	REQUESTED PROOF DATE				PROOF SETS (Galley) (Page)				Dept. Hold (Galley) (Workdays) (Pages)				PROOFS TO																	
	REQUESTED DELIVERY DATE				KRAFT WRAP				SHRINK FILM				BAND IN SETS				SUITABLE				OTHER PACKAGING (Specify)				Quantity in Package		Pack in Crts.		B/L Furnished	
	DELIVER TO																													

ADDITIONAL INFORMATION

FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)

BILLING ADDRESS (If BAC has not been assigned)

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned government establishment.